



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

Morbidity and Mortality Weekly Report (MMWR)

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Foreword

Supplements

October 7, 2011 / 60(04);1

Thomas R. Frieden, MD

Director, CDC

Alexander Langmuir became the first Chief Epidemiologist at CDC (then called the Communicable Disease Center) in 1949. One of his many enduring contributions to the agency and to public health was to engineer the transfer in 1961 of the *Morbidity and Mortality Weekly Report (MMWR)* from its former home at the National Office of Vital Statistics to CDC. This supplement to *MMWR* celebrates the anniversary of its arrival at CDC and the 50-year contribution it has made to CDC and public health. Langmuir had the foresight to envision the revitalization of the decades-old publication, not only to enable CDC to share its work with the nation, but also to influence the practice and impact of public health throughout the world. This supplement celebrates *MMWR* through perspectives on how public health has changed during the past 50 years. Articles in this issue reflect on how the focus of public health has expanded from communicable disease to also include a broad array of acute and chronic public health challenges.

Langmuir had a powerful ability to visualize the future but an even more powerful ability to realize his vision through the force of his strong will and his flair for recruiting and mentoring young men and women in public health. *MMWR* was part of his vision, and as its unofficial editor for many years, he demanded high-quality science presented in clear and crisp prose---qualities that have endured to the present day.

Like so many of Langmuir's innovations, *MMWR* has evolved with the years but it has always remained vital to each new challenge. As CDC's flagship publication, *MMWR* documents the impact of public health programs throughout the United States and the world, and in many cases acts as a catalyst for improvement. When health departments or ministries seek CDC's scientific information, often driven by urgent threats to the public's health, they seek out *MMWR* for its clearly crafted scientific articles and reliable clinical and public health recommendations based on the best available science.

In Langmuir's day, issuing a weekly scientific publication was unusual, if not unprecedented, at a federal agency. Langmuir could not have envisioned that his *MMWR* would one day be available 24

hours a day, 7 days a week on computers, cell phones, and portable electronic devices of all kinds. Today *MMWR* is distributed worldwide through both print and electronic media and employs the latest communications technologies, including the Internet, e-mail, social media, and podcasts. As new methods of communication evolve, so will *MMWR*.

Surveillance and epidemiology have always been the cornerstones of public health. The *MMWR* series has provided a mechanism to communicate data from national and international surveillance systems, as well as from epidemiologic, statistical, and laboratory research. During the past 2 decades, terrorism and emergency response, modernization and globalization of the food supply, and a wide range of environmental health threats have dramatically affected public health practice---and these stories have all been carefully told in the pages of *MMWR*.

Many of the most important communicable disease events during the past 50 years have been marked by articles in *MMWR*. Examples include the discovery of the bacterial cause of Legionnaires disease in 1977; the initial reports linking Reye syndrome to salicylates in 1980; the first five published cases of AIDS in 1981; the first report of iatrogenic HIV transmission in 1990; the first case reports of the intentional release of anthrax spores in 2001; the first reports of severe acute respiratory syndrome (SARS) in 2003; and the first two reports of 2009 pandemic influenza A (H1N1) .

Even in its early days at CDC, *MMWR* published many reports on noninfectious diseases, such as pentachlorophenol poisoning in newborn infants in 1967; lead absorption in 1973; angiosarcoma of the liver among workers exposed to polyvinyl chloride in 1974; and acute childhood leukemia in 1976. In recent years, *MMWR* has published more reports on noninfectious diseases, injuries, chronic diseases, and related behaviors (e.g., arthritis, autism spectrum disorder, depression, infant maltreatment, sleep deprivation, and excessive television viewing), and many reports on the leading causes of death: cardiovascular disease, smoking, stroke, obesity, and harmful alcohol use.

In recent decades, behavioral and social science, economics, informatics, and genomics increasingly have contributed to public health, and reports of these have appeared with increasing regularity in *MMWR*. Public health events such as contamination of commercial food products, threats to patient safety in health-care settings, and natural disasters (e.g., the recent floods in the Midwest, heat waves in the Northeast, the earthquake in Haiti, and flooding in Pakistan) will continue to challenge the health infrastructure. In addition, health reform and the coalescence of clinical medicine, veterinary medicine, and public health are creating new opportunities for promoting prevention as the defining concept in improving the health of the public. Innovations such as electronic health records are providing unique opportunities to better understand and improve health care and health status. Through all these changes, *MMWR* will continue reporting on urgent, emerging, and routine public health findings, thereby helping CDC monitor and protect the public's health at home and around the world, and will remain an essential tool for CDC's far-ranging mission.

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Page last reviewed: October 07, 2011

Page last updated: October 07, 2011

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Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329-4027,
USA

800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)

